CME Activity Application Checklist **Text

Description automatically generated**

**Use this checklist to make sure you have included all the required pieces for the CME Activity Application Process.**

**Activity Information**

|  |  |
| --- | --- |
| **Activity:** |  |
| **Dates:** |  |

**Have the following been included in the Activity Application?**

|  |  |
| --- | --- |
|  | **Payment** Amount:  Paid by: |
|  | **CME Application** |
|  | **CVs/Resumes of Speakers** |
|  | **Financial Relationships Disclosure(s)** from ALL planners, faculty, and reviewers (anyone in control of content) |
|  | **Brochure/Announcement/Agenda** – with joint provider statement |
|  | **Mitigation Form** **– if mitigation is needed** for relevant financial relationships with ineligible companies |
|  | **Evaluation Form** |
|  | **Certificate of Completion** – with title, dates, credit statement, joint provider statement, indication of type of activity, number of CMEs |

**Keep in mind:**

* You will need to report on the number of physicians and the number of other learners that attended the event. The sign-in sheet or other method of attendance record used, should have a way to collect credentials of the learners or otherwise distinguish between physicians and non-physicians.
* You will need to submit MMET Activity Monitoring Form(s) for each session. A planner or peer may complete this form.
* You will need to submit proof of disclosure. If there is only a verbal disclosure, it must be recorded verbatim.

**Have the following been submitted after the event?**

|  |  |
| --- | --- |
|  | **Post-CME Activity Report** – includes number of physicians and other learners and financial information |
|  | **Attendance Sheet(s)** |
|  | **MMET Activity Monitoring Form** |
|  | **Disclosure Evidence** – (e.g., slide, verbal record, sign-in sheet) |
|  | **Evaluations/Evaluation Summary** |
|  | **Commercial Support Tracker** **if there were monetary or in-kind grants** received |